

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		49	1/16/01
<b>FORMALITY REVIEW</b>	lps	932	02-01-01
<b>RESPONSE FORMALITY REVIEW</b>	Mo	5985	02/07/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
Final Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

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